

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450 Austin, Texas 78701 Tel.: (512) 305-7700 Fax: (512) 305-7701 For Agency Use Only

APPLICATION FOR CRIMINAL HISTORY EVALUATION LETTER

(Do Not Submit This Application With Any Application for Licensure)

An individual requesting a criminal history evaluation letter from this agency must obtain a fingerprint criminal history background check <u>after</u> submitting this application. Individuals who obtain their fingerprint criminal history check prior to submitting this application may suffer a delay in receiving their results. To obtain a fingerprint criminal history background check, an individual must utilize a *FAST Fingerprint PASS* form prescribed by the Texas Department of Public Safety. Texas residents may download the *FAST Fingerprint Pass Form – For Use by In-State Applicants Only* by selecting the form for download from the Board's Forms webpage at http://www.tsbep.texas.gov/form-bank. Residents of other states will need to contact the Board's office and request a copy of the *Out-of-State License Applicant FAST Fingerprint Pass* form be mailed to them, along with an official FBI fingerprint card.

APPLICANT INFORMATION				
Name (Last, First, Middle):				
Names or aliases previously used:				
Molling Address				
Mailing Address:				
Home Phone No.:	Business Phone No.:	Cellular Phone No.:		
Email Address:				

UNIQUE IDENTIFYING INFORMATION				
D.O.B.:	Place of Birth (City, County, and State):			
Social Security No.:	Driver's License No.:		Issuing State for Driver's License:	
Sex:	Height:		Weight:	
Male Female	ft inches			
Eye Color: Hair Color (natural):				
Race/Ethnicity (please check a	ll that apply):	_		
Hispanic or Latino		White		
Black or African-America	n	Native Hawaiian or Other Pacific Islander		
Asian		American Indian or Alaska Native		
Other:				
Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other				
Spanish culture or origin regard		T derio Ter	sair, south of Central I interferant, of other	
White – A person having ori		inal people	s of Europe, the Middle	
East, or North Africa			-	
Black or African American – A person having origins in any of the black racial groups				
of Africa				
Native Hawaiian or Other Pacific Islander – A person having origins in any of the				
peoples of Hawaii, Guam, Samoa, or other Pacific Islands Asian – A person having origins in any of the original peoples of the Far East,				
Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan,				
Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam				
American Indian or Alaska Native – A person having origins in any of the original				
peoples of North and South America (including Central America), and who maintain tribal affiliation				
or community attachment				

DOCUMENTATION		
Have you submitted a fingerprint criminal history background check to the Board's office? <i>If not, please wait until the Board receives this application before doing so.</i>	☐ Yes ☐ No	
Have you provided certified copies of all court documents concerning those criminal matters listed below? Court documents submitted with this application should include the charging instrument (e.g. information and complaint, indictment), judgment, order of deferred adjudication or other dispositive order, any agreements concerning deferred disposition (e.g. pre-trial diversion, pocket probation), and a copy of the terms and conditions of any probation or community supervision ordered.	☐ Yes ☐ No	

Pursuant to Tex. Occ. Code Ann. §53.022, the Board must consider the following factors when determining whether a criminal conviction directly relates to the duties and responsibilities of a licensee practicing psychology:

- 1. the nature and seriousness of the crime;
- 2. the relationship of the crime to the purposes for requiring a license to engage in the occupation;
- 3. the extent to which a license might offer an opportunity to engage in further criminal activity of the same type as that in which the person previously had been involved;
- 4. the relationship of the crime to the ability or capacity required to perform the duties and discharge the responsibilities of the licensed occupation; and
- 5. any correlation between the elements of the crime and the duties and responsibilities of a licensee practicing psychology.

Pursuant to Tex. Occ. Code Ann. §53.023, if the Board determines that a criminal conviction directly relates to the duties and responsibilities of a licensee practicing psychology the Board must consider the following factors when determining whether to suspend or revoke a license, disqualify a person from receiving a license, or deny a person the opportunity to take a licensing examination:

- 1. the extent and nature of the person's past criminal activity;
- 2. the age of the person when the crime was committed;
- 3. the amount of time that has elapsed since the person's last criminal activity;
- 4. the conduct and work activity of the person before and after the criminal activity;
- 5. evidence of the person's rehabilitation or rehabilitative effort while incarcerated or after release;
- 6. evidence of the person's compliance with any conditions of community supervision, parole, or mandatory supervision; and
- 7. other evidence of the person's fitness, including letters of recommendation.

Applicants are strongly encouraged to provide documentation and/or explanations concerning all of the foregoing factors. Any documentation or explanations received will be considered by the Board when reviewing an application.

Pursuant to Tex. Occ. Code Ann. §53.023(b), applicants have the responsibility, to the extent possible, to obtain and provide this agency with the letters of recommendations referenced in paragraph 7 above. At the very least applicants should provide three letters of recommendation from individuals familiar with the applicant (e.g., pastor, school teachers, professors, co-workers, employers, supervisors). The letters of recommendation must speak to the applicant's veracity, work ethic, charitable and volunteer efforts in his/her community, and the writer's overall assessment of his/her opinion as to why the applicant would make positive contributions to society as a mental health care provider. If an applicant is unable to obtain letters of recommendation, the applicant must provide a written explanation for why he/she was unable to do so, along with a description of his/her efforts to acquire the letters.

APPLICATION FEE			
The \$150 fee for conducting a pre-licensure criminal history evaluation is set forth in the Board's <i>Fee Schedule</i> and is non-refundable.			
All applications must be accompanied by payment in the correct amount. Applications accompanied by an incorrect payment amount will not be processed, and will be returned to the applicant.	☐ Yes ☐ No		
Payment may be made by cash, personal check, cashier's check, or money order. The Board does not accept credit cards. Please make your payment payable to "TSBEP."			
Have you enclosed the correct application fee?			

	DESCRIPTION OF ALL CRIMINAL OFFENSES RESULTING IN A FINAL DISPOSITION ¹				POSITION ¹
Level of Offense	Offense	Final Disposition	Sentence Date	Sentence Completion Date	State Where Offense Occurred
		Ехатр	le:		
State Jail Felony	Possession of a Controlled Substance	5 years deferred adjudication	April 4, 1996	April 3, 2001	Texas

¹ Please do not disclose any charge or offense which has been expunged, or which is subject to an order of non-disclosure. If you are unsure whether a charge has been expunged or is subject to an order of non-disclosure, you should consult with an attorney before completing this application. Failure to disclose a charge or offense which has not been expunged and is not subject to an order of non-disclosure will be treated as a failure to cooperate with the Board's investigation.

Ackn	ow]	led	gm	ení
ACMI	U VV	LUU	2111	CIL

I have read and understand Board rule 469.7 and Ch. 53 of the Texas Occupations Code, and by my signature hereinbelow, I request that the Board conduct an evaluation of my criminal history to determine my eligibility for licensure under the Psychologists' Licensing Act.

I acknowledge that any misrepresentation of my criminal history in this application may constitute a criminal violation under Tex. Penal Code §37.10, and may render me ineligible for licensure under the Psychologists' Licensing Act.

I acknowledge that my failure to submit all required information along with this application will prevent the Board from processing my application, and that an incomplete application will only remain pending with the Board for 90 days. I further acknowledge that if an application remains incomplete after 90 days, the application will become void and I will be required to submit a new application and additional fee if I wish to obtain a criminal history evaluation letter.

l	I acknowledge the statements and information contained in this form are true and correct.		
	Signature:	Date:	
l			